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JUN 13 2006

Atty Docket No. 018062-006310US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner Michael F. Barker

Group Art Unit 1626

OFFICIAL COMMUNICATION
FOR THE PERSONAL ATTENTION OF
EXAMINER Michael F. Barker

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following documents in re Application of R. KIPLIN GUY et al., Application No. 10/826,175, filed April 15, 2004 for SMALL MOLECULE INHIBITION OF A PDZ-DOMAIN INTERACTION are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. SB21 Transmittal Form
2. Fee Transmittal
3. SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT UNDER 37 CFR §1.97 and §1.98
4. Four (4) cited references

Number of pages being transmitted, including this page: 7 (not including cited references)

Dated: June 13, 2006


Lois M. Simón

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RETURN FACSIMILE AT (415) 576-0300*

TOWNSEND and TOWNSEND and CREW LLP
Two Embarcadero Center, Eighth Floor
San Francisco, CA 94111-3834
Telephone: 415-576-0200
Fax: 415-576-0300

60796840 v1

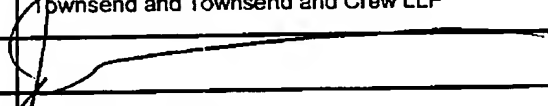
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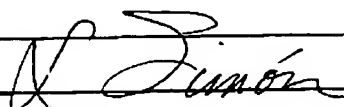
JUN 13 2006

PTO/SB/21 (09-04)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/826,175
	Filing Date	April 15, 2004
	First Named Inventor	Guy, R. Kiplin
	Art Unit	1626
	Examiner Name	Michael F. Barker
Total Number of Pages In This Submission	Attorney Docket Number	018062-006310US

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement (Supplemental) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <p>Four (4) References</p>
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Joel G. Ackerman		
Date	June 13, 2006	Reg. No.	24,307

CERTIFICATE OF FACSIMILE TRANSMISSION			
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. 1-571-273-8300 on June 13, 2006.			
Signature			
Typed or printed name	Lois M. Simón	Date	June 13, 2006

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JUN 13 2006

PTO/SB/17 (01-06)

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2006☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 180

Complete if Known

Application Number	10/826,175
Filing Date	April 15, 2004
First Named Inventor	Guy, R. Kiplin
Examiner Name	Michael F. Barker
Art Unit	1626
Attorney Docket No.	018062-006310US

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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-20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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-3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3

Small Entity	Fee (\$)	Fee Paid (\$)
50	25	
200	100	
360	180	
Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Submission of Information Disclosure Stmt

180

SUBMITTED BY

Signature

Name (Print/Type) Joel G. Ackerman

Registration No. 24,307
(Attorney/Agent)

Telephone 415-576-0200

Date June 13, 2006

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CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. 1-571-273-8300 on June 13, 2006.

PATENT
Attorney Docket No.: 018062-006310US
Client Reference No.: SF02-032-2

TOWNSEND and TOWNSEND and CREW LLP

By: 
Lois M. Simon

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

R. KIPLIN GUY et al.

Application No.: 10/826,175

Filed: April 15, 2004

For: SMALL MOLECULE INHIBITION
OF A PDZ-DOMAIN INTERACTION

Confirmation No.: 9792

Examiner: Michael F. Barker

Art Unit: 1626

SUPPLEMENTAL INFORMATION
DISCLOSURE STATEMENT
UNDER 37 CFR §1.97 and §1.98

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The references cited on attached form PTO/SB/08A and PTO/SB/08B are being called to the attention of the Examiner. Copies of the references [in compliance with the requirements of 37 CFR §1.98(a)(2)] are enclosed.

It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

As provided for by 37 CFR §1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

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R. KIPLIN GUY et al.
Application No.: 10/826,175
Page 2

PATENT

This IDS is being filed before the mailing date of the final Office Action or Notice of Allowance.

Please charge the IDS fee of \$180 to Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,

Joel G. Ackerman
Reg. No. 24,307

TOWNSEND and TOWNSEND and CREW LLP
Two Embarcadero Center, Eighth Floor
San Francisco, California 94111-3834
Tel: 415-576-0200
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JA:ja

60796692 v1

PTO/SB/08A (07-05)

Substitute for form 1449A/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary)		Complete If Known	
		Application Number	10/826,175
		Filing Date	April 15, 2004
		First Named Inventor	Guy, R. Kiplin
		Art Unit	1626
		Examiner Name	Michael F. Barker
Attorney Docket Number	018062-006310US		
Sheet	1	of	2

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. ¹	Document Number Number Kind Code ² (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
	AA	US-5,260,322	11-09-1993	Nakasima et al.	
	AB	US-5,852,046	12-22-1998	Lang et al.	
	AC	US-6,069,156	05-30-2000	Oku et al.	
	AD	US-6,358,992	03-19-2002	Pamukcu et al.	
	AE	US-			
	AF	US-			
	AG	US-			
	AH	US-			
	AI	US-			
	AJ	US-			
	AK	US-			
	AL	US-			
	AM	US-			
	AN	US-			
	AO	US-			
	AP	US-			
	AQ	US-			
	AR	US-			

FOREIGN PATENT DOCUMENTS								
Examiner Initials*	Cite No. ¹	Foreign Patent Document			Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ⁶
		Country Code ³	Number ⁴	Kind Code ⁵ (if known)				
	AS	EP	0624028 with English abstract	A1	11-17-1994	Bayer AG		<input type="checkbox"/>
	AT	EP	0839573 with English abstract	A1	02-22-1995	Hoechst AG		<input type="checkbox"/>
	AU	JP	05-261721 with English abstract		10-29-1993	Dainippon Toryo Co./Hitachi Chemical Co.		<input type="checkbox"/>
	AV	JP	11-180801 with English abstract		07-06-1999	Daiwa K. K.		<input type="checkbox"/>
	AW							<input type="checkbox"/>

Examiner Signature	Date Considered
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ¹ Applicant's unique citation designation number (optional). ² Kind Codes of U.S. Patent Documents at www.uspto.gov or MPEP 901.04. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached.

PTO/SB/08B (07-05)

Substitute for form 1449B/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary)				Complete if Known	
				Application Number	10/826,175
				Filing Date	April 15, 2004
				First Named Inventor	Guy, R. Kiplin
				Art Unit	1626
				Examiner Name	Michael F. Barker
Sheet	2	of	2	Attorney Docket Number	018062-006310US

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials *	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
	BA		<input type="checkbox"/>
	BB		<input type="checkbox"/>
	BC		<input type="checkbox"/>
	BD		<input type="checkbox"/>
	BE		<input type="checkbox"/>
	BF		<input type="checkbox"/>
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	BH		<input type="checkbox"/>
	BI		<input type="checkbox"/>
	BJ		<input type="checkbox"/>

Examiner Signature		Date Considered	
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* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.
¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.

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